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Atty Docket No. 021911-000500US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner A. Salimi

Group Art Unit 1648

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FOR THE PERSONAL ATTENTION OF  
EXAMINER A. Salimi**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Miles William CARROLL, et al., Application No. 09/533,798, filed March 24, 2000 for POLYPEPTIDE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

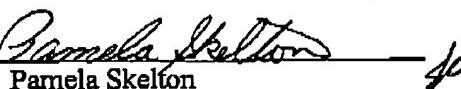
1. Transmittal Form (1 pg.)
2. Petition for Extension of Time (1 pg., 1 dup.)
3. Substitute Amendment and Reply (14 pgs.)

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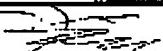
OCT 28 2005

PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>		Application Number	09/533,798
		Filing Date	March 24, 2000
		First Named Inventor	Carroll, Miles W.
		Art Unit	1648
		Examiner Name	A. Salimi
Total Number of Pages in This Submission	17	Attorney Docket Number	021911-000500US

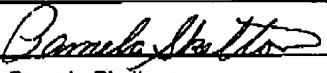
ENCLOSURES (Check all that apply)					
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter			
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):			
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund				
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD				
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53					
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Kawai Lau		
Date	October 28, 2005	Reg. No.	44,461

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